The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

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239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114
(800) 414-0168 (office) / 617-973-0983 (fax)
http://www.mass.gov/reg/boards/ph

APPLICATION FOR RELOCATION OF A PHARMACY OR PHARMACY DEPARTMENT

The following requirements shall apply to any pharmacy or pharmacy department moving (247 CMR 6.04(2) to a new address. The pharmacy or pharmacy department shall:

(a) submit to the Board a new application and payment of the appropriate fee (made payable to the "Commonwealth of Massachusetts") in accordance with the requirements of 247 CMR 6.01(1) in advance of any relocation;

(b) return previously issued permits with the application; and

(c) a pharmacy or pharmacy department which has moved to a new address shall not begin to operate in said location until the application has been approved by the Board and until the pharmacy or pharmacy department has received from the Board a permit to manage and operate the pharmacy and a controlled substances registration.

d) accompanied by an official blueprint or certified architectural plans drawn to scale clearly designating both the prescription and patient consultation areas (pharmacy department shall be outlined in RED).

(e) There shall be within every pharmacy or pharmacy department a prescription area of not less than 300 square feet to accommodate the appropriate pharmaceutical equipment, apparatus, and supplies, and to facilitate the proper preparation and compounding of prescribed medications. This area shall provide for an arrangement and storage of drugs that is calculated to prevent their accidental misuse.

(f) Any pharmacy or pharmacy department which establishes a central intravenous admixture service (CIVAS) shall, in addition to the 300 square feet required by 247 CMR 6.01(6)(b), provide for a separate room referred to as a "clean room" apart from all other areas of the pharmacy or pharmacy department.

(g) Patient Consultation Area.
1. A pharmacy must provide a designated consultation area, with signage stating "Patient Consultation Area", designed to provide adequate privacy for confidential visual and auditory patient counseling. The private consultation area must be accessible by a patient

from the outside of the prescription dispensing area without having to traverse a stockroom or the prescription dispensing area.

2. 247 CMR 6.01(5)(d) shall be effective for all new or relocating pharmacies on April 1, 2005. All existing pharmacies must comply with 247 CMR 6.01(5)(d) by January 1, 2007.

It is imperative that the Manager of Record understands his / her responsibilities related to the relocation of the pharmacy and or pharmacy department. Therefore, the Board requires that a statement be submitted by the Manager of Record indicating that he / she will be present during the relocation of the controlled substances and pharmacy records and that he / she is aware of their responsibilities in maintaining both security and confidentiality during such transfer. This must be accompanied by documentation submitted by the Manager of Record attesting that the alarm and all motion detectors have been personally tested and are in working order, listing the line operator's identifier number and the time of the alarm test. The statement from the Manager of Record may be faxed to the Board at (617)973-0983.

Please be advised that no pharmacy and pharmacy department shall begin to operate in any new location until the application has been approved by the Board and: 1) the pharmacist Manager of Record has received from the Board a permit number to manage and operate the pharmacy and or pharmacy department, and 2) has received a controlled substances registration number.

For complete information regarding relocation regulations, please refer to 247 CMR 6.04. If additional information is necessary, please contact the Board office at (800) 414-0168.

To obtain a DEA number, please contact the Drug Enforcement Administration (DEA) office for an application. The address is: J.F.K. Federal Building
Drug Enforcement Administration
Room E400
15 New Sudbury Court
Boston, MA 02203-0131
(617) 557-2200

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APPLICATION FOR A RELOCATION OF A COMMUNITY PHARMACY

I hereby apply for a permit to operate a store for the transaction of retail drug business in accordance with the provisions of Chapter 112, General Laws.

$351.00 licensure / application fee. Make check or money order for **$351.00** payable to the Commonwealth of Massachusetts. **This fee is non-refundable**.

1. Legal Name of Business._____
2. Previous Business Address (Street Address, City, State and Zip). _____
   _____
3. Proposed Relocation Address for Business (Street Address, City, State and Zip._____
   _____
4. Area Code and Telephone Number._____
5. All trade or business names ("D.B.A." names) used by same Corporation or by Licensee._____
   _____
6. Type of ownership or operation (i.e., sole proprietorship, partnership, corporate distribution center for multi-unit (chain) pharmacy corporation)._____

If corporation, please submit articles of corporation.

7. Name(s) and Social Security Number(s) of the owner(s) and/or operator(s) of the licensee. *Please indicate type of ownership-Partnerships: the name of each partner and name and address of partnership; Corporations: the name and title of each corporate officer and director, the corporate names, name and address of parent company, if any, and the State of incorporation's; Sole Proprietorships: the name of the sole proprietor and the name and address of the business entity.*

8. Name of registered pharmacist previously charged with the management of the pharmacy.

9. Registration number of previous manager.

10. Name of registered pharmacist who is applying to manage the pharmacy.

11. Registration number of pharmacy manager applicant.

12. Name(s) and registration number(s) of staff pharmacist(s) employed at pharmacy.

13. Have any of the applicant(s) and/or managers-in-charge had: 1) any convictions related to the distribution of drugs (including samples); 2) any felony convictions; 3) any suspension(s) or revocation(s) or other sanction(s) by federal, state or local governmental agency of any license or registration currently or previously held by the applicant or licensee for the manufacture, distribution, or dispensing of any drugs, including controlled substances? Have any applications for licensure been denied by any federal or state agency including any state boards of pharmacy? List and explain. Attach additional sheets if necessary.

14. The applicant/licensee must notify the Board in writing of any changes in ownership or management within thirty (30) days of such change(s).

Affidavit (must be completed and notarized)

Pursuant to M.G.L. c. 62C, s. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

The applicant certifies that each person employed in any prescription drug distribution activity has the education, training, and experience, or any combination thereof, sufficient for that person to perform the assigned functions in such a manner as to provide assurance that the drug product quality, safety, and security will at all times be maintained as required by law.

I hereby state that I am the person authorized to sign this application for all licensure; that all statements are true and correct in all respects and are made under the penalties of perjury.

_____

Signature of pharmacist who is to manage the pharmacy or pharmacy department

_____

Date

_____

Social Security Number of managing pharmacist

Sworn and subscribed before me this_____day of _____

My commission expires_____ . _____

Notary Public

To be completed by the Board: Check $_____ Date_____ Number_____